

# MONTHLY TUTOR REPORT\*\*

\*\*Please fill out a separate form for each learner\*\*

**Due on your last session of the month**

Month \_\_\_\_\_

Tutor's First Name, Last Initial \_\_\_\_\_

Learner's First Name, Last Initial \_\_\_\_\_

## Directions:

1. List all planned session dates for the month, even if the session was not completed
2. Report hours to the nearest quarter hour (Example: 1, 1.25, 1.5, or 1.75)

DATE	Tutoring Session: HOURS	Lesson Prep: HOURS	Travel Time: HOURS	Was the session completed? Please circle yes or no	Brief reason if <i>not</i> completed
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /13				YES <input type="checkbox"/> No <input type="checkbox"/>	
<b>Monthly Totals:</b>					

## Which goals did learner complete this month?

☐ # BOOKS READ      ☐ WRITE    ☐ INTERNET    ☐ EMAIL    ☐ RESUME      ☐ HELP CHILDREN W/ HOMEWORK

☐ LIST OTHER GOALS MET:

## New goals, comments, problems, or schedule changes:

## Materials or resources you need:

\*\*Please see a staff member if a tutor or learner has changed an address or phone number

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